MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/857611

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9	1		1			
10		1		1		
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50						
TOTAL IND.			2			
TOTAL DEP.			9			
TOTAL CLAIMS			11			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS*

Barbara Campbell
National Stage Processing
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FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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